

A Mental Health Perspective Mission Statement: The purpose of this newsletter is to bring faith, hope and courage to members of the local mental health community of Kings County, Nova Scotia, as well as anyone else who is involved with a mental, emotional or psychological condition.

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Concurrent Disorders

Gambling and Gamblers in Kings County



Community Dialogue on Gambling An Interactive Workshop

Kentville
September

Date to Be Announced

Sponsored by
The Canadian Mental Health Assn.
Kings County Branch
Addiction Services, Annapolis Valley Health

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From the Editor:

In the past, when a person suffered from an addiction and a mental illness at the same time, it was often difficult to identify their problem and to provide effective treatment. It is now recognized that concurrent disorders require special management and treatment.

This month, we will look at various aspects of concurrent disorders, from the definition to symptoms to causes. In addition, our guest writer, Betty Ann Buott has prepared a piece entitled Bi-Polar Disorder and Mental Health Issues in Children and Adolescents.

Staff writer, Rick Merrill, is currently on sick leave and we are looking for a new writer. If you are interested, see the ad on page three,

-Heather Frenette

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Concurrent Disorders Defined

In Canada, the term **concurrent disorder** refers to a diagnosis of one or more mental health problems and a drug and/or alcohol problem. Informally there are generally two groups of these disorders: “Concurrent Disorders” and “Very Concurrent Disorders.” A concurrent disorder refers to people with just a mild mental health issue and a mild drug and/or alcohol problem. Very concurrent disorders refer to people with severe mental illness and severe drug and/or alcohol problem. This group includes people who can be diagnosed according to the Diagnostic and Statistical Manual- IV, the guideline that medical professionals use to diagnose mental illness and the disease of addiction or alcoholism.

Examples of Concurrent Disorders

- Anxiety disorder and an alcohol problem
- Depression and abuse of sleeping pills
- Mood disorder and cocaine misuse
- Borderline personality disorder and heroin addiction
- Schizophrenia and marijuana use

Treatment for a concurrent disorder is different than the treatment for mental illness by itself or addiction by itself. Treatment is more successful when both conditions are treated simultaneously. Depending upon how severe the condition is there are two approaches to treatment: biological treatments, psychosocial treatments, or both. Integrated treatment is necessary for a successful recovery. It helps the patient recover from the concurrent disorder itself as well as other issues he or she may have such as a need for housing and employment. This ensures successful treatment, relapse prevention, and that the necessary needs for life are met.

Concurrent disorders are a serious and even life threatening condition. Despite this, if given the proper treatment, recovery from this condition is truly possible. People can recover and have meaningful lives becoming productive members of society living independently. They can live life to the fullest and be a good example to the rest of society.

By Tony Legere

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Substance Use And Mental Health Linked

Having either a substance abuse problem or a mental health problem significantly increases the likelihood of having the other.

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A person who has a mental health disorder is almost three times more likely to have a substance use disorder at some time in his or her life than a person who does not have a mental health disorder.

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A person who has a substance disorder (other than alcohol) is about 4.5 times more likely to have a mental health disorder at some point in his or her life than a person who does not have a substance abuse disorder.

http://www.camh.net/Publications/Resources_for_Professionals/Partnering_with_families/partnering_families_famguide.pdf



Symptoms Can Identify A Concurrent Disorder

The symptoms of concurrent disorders vary from person to person depending on the conditions involved. For example, a person suffering from depression and alcoholism will display symptoms of both depression and alcoholism. In some cases the conditions are directly linked- you can't treat one condition without treating the other.

In other cases, there is no known connection. For specific symptoms of certain conditions, search online or consult a book that deals with mental illness and/or addictions. If you suspect someone with an addiction may have a mental illness or vice versa, consult a doctor.

If you have a concurrent disorder, notify your doctor since a relapse of one condition can lead to a relapse of the other. By being aware of the various symptoms of certain mental illnesses and addictions, you can have yourself or someone else treated for a concurrent disorder before it gets too serious.

By Melinda Cadarette



Concurrent Substance Use and Mental Health Disorders: An Information Guide

There is no simple explanation for concurrent disorders. Each person's situation is different. Here are some reasons why a person might develop both a mental health and a substance use problem:

- Some people who have a mental health problem may use substances to feel better. While substance use is very risky in such cases, it can help people forget their problems or relieve symptoms, at least in the short-term. People sometimes talk about using substances for "self-medication."
- Some effects of substance use can mimic symptoms of a mental health problem, such as depression, anxiety, impulsivity or hallucinations. This is sometimes described as substance-induced mental health problems.
- Substance use can cause harmful changes in people's lives and relationships. For example, substance use problems may cause a person to lose his or her job. Mental health problems may result from these indirect effects of substance use.
- For some people, a common factor may lead to both mental health and substance use problems. This factor may be biological. It may also be an event, such as emotional or physical trauma.
- For a person whose mental health is fragile, even moderate amounts of substance use may create problems.

-From **Concurrent Substance Use and Mental Health Disorders: An Information Guide.**
Centre for Addiction and Mental Health,

Reference:

[http://www.camh.net/About Addiction Mental Health/Concurrent Disorders/Concurrent Disorders Information Guide/concurrent_disorders_info_guide.pdf](http://www.camh.net/About_Addiction_Mental_Health/Concurrent_Disorders/Concurrent_Disorders_Information_Guide/concurrent_disorders_info_guide.pdf)

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Bi-Polar Disorder and Mental Health Issues in Children and Adolescents

When a child's mood constantly changes and in particular a teenager's, parents can become concerned. They may ask themselves "Is this normal or there something more serious happening?"

All parents are aware adolescence is a time of rapid change. Not only is a teen's body going through many changes so is their brain. In girls the changes can begin as early as 9 years old to 19 and in boys from the age 11 to 21 and as late as 25. There is an increase in the production of hormones as well. The only area of the brain that does not change is the amygdale, responsible for the flight/fight and sometimes freeze response. So moodiness and rapid change in emotions can be a normal sign of adolescence. Concern arises when your child does not feel in control of their emotions and this lack of control may affect their relationships with family or friends. They may also act impulsively, engaging in at-risk behaviours on a regular basis (such as drug and alcohol abuse).

According to the DSM IV, bi-polar disorder or manic-depressive disorder describes a category of mood disorders. An individual will experience one or more episodes of elevated energy (manic phase) followed by one or more episodes of depressive periods. The person may experience 'normal' moods but will rapidly cycle to the manic or depressive phase again. The switch can also be so gradual that the person is unaware their mood has changed until they are in the middle of it. There can be psychotic symptoms including hallucinations or delusions as well as increased risk of thoughts of suicide, especially during the depressive episode.

Parents can become very concerned about their child's moods and mood swings. If you are really worried you can visit your doctor or child's pediatrician and express your concerns. Two books that talk a lot about the changing adolescent brain and how parents and teens alike can cope are, Yes, Your Teen is Crazy! and Yes, Your Parents are Crazy! A Teen Survival Guide by Dr. Michael J. Bradley In these books he explains both to parents and teens about the changes adolescents go through and how to handle them. So what can a parent do to help their child deal with the rapid changes of adolescence?

Here are some suggestions to try with your child or adolescent to help them cope with their changing body and brain:

1. If you want to discuss their emotions (especially anger, aggression or anxiety) wait until they are calm. A good place to have a conversation is the car. Ask open-ended questions and let them see you are concerned (but NOT anxious) about their feelings. Try to reflect back to them what they are saying in your own words.
2. Wait to confront teens about their behaviour especially if you are angry or scared yourself. Studies have shown that adolescents see adult emotions as anger. Essentially you will both become teenagers and no one will be in control.
3. Lecturing a child about their behaviour has been shown to be ineffective. Like Charlie Brown in Peanuts all they will hear is 'white noise'. Instead try to get them to think about how they are feeling and what they are doing. The right side of our brain is responsible for emotions, the left side for logic, rational thinking. If you can get them to analyse their feelings and moods they will be one step closer to understanding them.
4. Encourage your child to get exercise on a regular basis. Regular activity helps them to regulate their emotions and releases 'happy hormones' like dopamine and endorphins, hormone regulators of mood.
5. Finally, try and tell your child one positive thing about them every day. This could be that you love them, are proud of them or noticed their help around the house. We all need to know we matter and your child will 'learn what they live'.

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If you wish to make a comment, ask a question or give a suggestion by phone, please call (902) 679-7464.

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